



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90298 024 \*\*\*150.00

<b>DOCUMENT # 300405</b> 1. Entity Name <b>RICE HARDWARE, INC.</b>					
Principal Place of Business <b>15 SW 1 AVE P. O. BOX 336 GAINESVILLE, FL 32601</b>			Mailing Address <b>15 SW 1 AVE P. O. BOX 336 GAINESVILLE, FL 32601</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 336</b> Suite, Apt. #, etc.			
City & State  City: <b>Gainesville</b> State: <b>FL</b>		4. FEI Number <b>59-1109979</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32602</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICE, J. DONALD 3404 NW 29 TERRACE GAINESVILLE, FL 32602</b>			7. Name and Address of New Registered Agent Name: <b>Rice, J. Donald</b> Street Address (P.O. Box Number is Not Acceptable): <b>2412 N.W. 142 Ave.</b> City: <b>Gainesville</b> State: <b>FL</b> Zip Code: <b>32609</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RICE, J. DONALD 3404 NW 29 TERR. GAINESVILLE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Rice, J. Donald 2412 N.W. 142 Ave Gainesville FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____		Date: <b>5-4-06</b>		Daytime Phone #: <b>352-665-6274</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					